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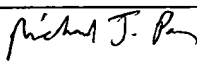
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/902,708	
	<b>Filing Date</b>	July 12, 2001	
	<b>First Named Inventor</b>	FRENCH, John Barry	
	<b>Group Art Unit</b>	2817	
	<b>Examiner Name</b>	NGUYEN, Khanh V	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	5721-56

<b>ENCLOSURES (check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)  <div>Remarks</div>	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Copies of IDS Citations Return Receipt Postcard</b>
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
<b>Firm or Individual name</b>	BERESKIN & PARR	
<b>Signature</b>	 Richard J. Parr, Reg. No. 22,836	
<b>Date</b>	December 11, 2002	

<b>CERTIFICATE OF MAILING</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>			
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December 11, 2002

Richard J. Parr BA.Sc. (Eng. Phys.), LL.B.  
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Your Reference: 09/902,708  
Our Reference: 5721-56

**SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT**

The Commissioner of Patents  
& Trademarks  
Washington, D.C.  
U.S.A. 20231

Dear Sir:

**Re: Patent Application No. 09/902,708**  
**For: POWER AMPLIFIER WITH MULTIPLE POWER SUPPLIES**  
**Applicant: Indigo Manufacturing Inc.**  
**Filed: July 12, 2001**  
**Group: 2817**

In accordance with 37 CFR 1.56 and 1.97, applicant hereby submits a Supplemental Information Disclosure Statement including (1) a listing of patents and other publications of which it is aware, and (2) a copy of each listed item.

The Examiner is advised, pursuant to provisions of 37 CFR 1.97(e) that each item of the information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart for an application not more than three months prior to filing of this statement. In particular, the information was cited in the International Search Report of the corresponding PCT application which was received by the undersigned on December 6, 2002.

A copy of the search report is attached hereto. The applicant does not have a translation for any of the non-English language references cited in the search report. The undersigned's understanding of the relevance of each document is based upon the search report.

Form PTO-1449 is also enclosed.

Please have these documents recorded against the above-mentioned application.

Respectfully submitted,

*Richard J. Parr* 22, 836

Richard J. Parr / TRO  
/cec  
Encl.

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